State of West Virginia Public Employees Insurance Agency

Health Benefits and Life Insurance Change-In-Address Form



Complete this form to advise PEIA of a change in address. Please complete all sections as appropriate except the last section, "AGENCY", and return to your payroll coordinator.

	Name (Last) (First)			(MI) (Generation)				Social Security Number		
E M	OLD ADDRESS Street			County of Residence				Home Phone		
P	OLD ADDRESS Steet			()						
LO	City State			Zip				Work Phone		
Y	Indicate Coverages That Are Currently Active							()		
E	Carelink			☐ PEIA PPB Plan				☐ Optional Life		
	☐ The Health Plan			☐ Basic Life				Optional Dependent Life		
	31									
C	NEW ADDRESS OF POLICYHOLDER Street					County of F	Residence	Home Phone		
ΗТ	0.4							()		
A Y N P	City State			Zip				Work Phone		
GE	Effective Date of New Address Employee's Signal							()		
E			8 S S							
Complete Dependent Area only if address is different From Policyholder address										
	Name (Last, First, MI, Generation) (If diff		Address erent from above)		Relationship Sex/Category Birth I (Circle One) M/F (mm/dc			Social Security # Effective Date of New Address		
	(Last, Flist, IVII, Generation	ii) (ii diii	erent from above)	SP	CH	IVII	(mm/dd/yy)	Social Security	# Of New Address	
D										
E P				_				7		
E		-								
N D										
E N	E									
T	1. Child (biological or adopted) 2. Step-child 3. Grandchild 4. Court-Ordered Dependent Child 5. Student (age 19-25) 6. Other									
	In dependent column titled "Sex/Category", please write (e.g., M1 for Male Child; F3 for Female Grandchild; F25 for Female Step-child/Student, etc.).									
	in dependent cordinar to	ned Sex/Cat	gory , picase write (c.	.g., WII I	or ware	Cima, 15 for Feli	iaic Grandeniid, i	23 for Perhaic Step	chia/studen, etc.).	
	To Be Completed B	v The Em	nlover						-	
A	Agency Name			Agency Address (Include City, State and Zip Code)				R	egion	
A G E N				κ:				3		
N C	Account Number Authorized Signature: Date:									
Y									,	

PINK - Payroll Location

WHITE - PEIA

YELLOW - Managed Care Plan

GOLDENROD - Employee